



IN UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Fernandez, et al.

Attorney Docket No.: FERN-P001D

Application No: 09/823,506

Art Unit: 2613

Filed: 3/28/2001

Examiner: Vo, Tung T

Title: Integrated Network for Monitoring Remote Objects

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Technology Center 2600

RESPONSE

Commissioner of Patents

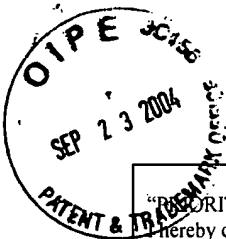
P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This paper responds to office action dated 09/02/2004.

Claims listing (page 2) and remarks (page 8) are provided herein.



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Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(c)	
"PRIORITY MAIL" Mailing Label Number: 7004 1160 0007 3585 0232	Date of Deposit: 9/20/04
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "PRIORITY MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313.	
Name: Chris Vo	
Signature Date: 9/20/04	Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: FERNANDEZ, et al
Serial No.: 09/823,506
Filed: 3/28/2001
For: INTEGRATED NETWORK FOR MONITORING REMOTE OBJECTS

Attorney Docket No. FERN-P001D
Examiner: VO, Tung T.
Art Unit: 2613

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application-divisional: 9 pages.
- ☐ b. Substituted informal Drawings: _____ sheet.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check No. _____ for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	_____ \$ 110.00	_____ \$ 55.00
ii. Two (2) month .	_____ \$ 390.00	_____ \$ 195.00
iii. Three (3) month .	_____ \$ 890.00	_____ \$ 445.00
iv. Four (4) month .	_____ \$ 1,390.00	_____ \$ 695.00
v. Five (5) month .	_____ \$ 1,890.00	_____ \$ 945.00

Extension Time Fee Total: \$.00

- ☒ b. Applicants believe that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	18	- 20 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$.00
b. Independent Claims	3	- 3 =	0	x \$ 86.00 Large Entity x \$ 43.00 Small Entity	\$.00
c. Multiple Dependent Claims Added By This Amendment				x 290.00 Large Entity x 145.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

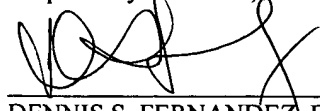
_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicants do not believe that any payment of fee is needed in association with this communication. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ & ASSOCIATES, LLP
Patent Attorneys
P.O. BOX D
Menlo Park, CA 94026-6204
Phone: (650) 325-4999
Fax: (650) 325-1203

Respectfully submitted,



DENNIS S. FERNANDEZ, ESQ.
 Registration No. 34,160

9/20/04

Date